

Faulty hearing, he says, is not a handicap like faulty eyesight, as deaf-mutes "have proved themselves nearest perfect in all Pennsylvania's thousands of motorists, according to statistics compiled by the Keystone Automobile Club."

The Committee will further inquire into the issuance of licenses, correlation of accident records, effect of the practice of recording law infractions or accident records on the back of drivers' licenses, and various other conditions.

The Committee has a big job cut out for itself, and its report when made will demand attention by all interested.

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#### WALK WITH CARE, SAFETY COUNCIL URGES; PEDESTRIAN DANGER TOLD

Most persons killed or injured in traffic accidents in cities are pedestrians, and most of these accidents occur after dark, according to the California Traffic Safety Council which is aggressively conducting a campaign to advise pedestrians and motorists to cooperate in avoiding such accidents.

The Safety Council points out that in some metropolitan areas 79 per cent of the pedestrians involved are killed at night. The Safety Council suggests that pedestrians can avoid accidents by obeying a few simple rules, as follows:

1. Watch for the lights of an automobile and wait until the car passes. It is easier for the pedestrian to see the automobile lights than it is for the motorist to see the pedestrian—especially when turning around corners.

2. Strictly obey the traffic signals—day or night—and do not jaywalk. Most pedestrian accidents of the more serious character occur out in the residential districts, where the average automobile speed is higher than downtown.

3. Wear something white. It is easier for a motorist to see white at night. Most pedestrian victims, according to police and coroner's reports, are dressed in dark clothes.

The California Safety Council is assisting local groups in reducing pedestrian hazards, according to Fred D. Parr, President of the Council. Children and aged people are vulnerable, he added.

#### Subject: National Society for the Prevention of Blindness, Inc.

The National Society for the Prevention of Blindness, Inc. (Incorporated in the State of New York), is rendering a service throughout the United States. It is a membership and nonprofit health organization, supported by voluntary contributions, membership dues, legacies and bequests; it receives no federal, state, or city aid, nor grants from any Community Chests. It is endorsed by the National Information Bureau, Inc., 215 Fourth Avenue, New York, N. Y., and is a member of the National Health Council, 50 West Fiftieth Street, New York, N. Y.

This corporation is concerned with the control, and, where possible, the elimination of the causes of blindness, impaired vision, and eyestrain—not with the activities on behalf of those already blind. In this respect it operates in a field peculiarly its own and performs a much needed service to society. Particular attention is given to:

1. Coöperating with the medical profession in devising measures and instituting procedures for the conservation of vision and the reduction of blindness.

2. Collaborating with those in industry who are striving to reduce eye injuries and eyestrain.

3. Assisting nurses to become increasingly aware of their opportunities for conserving sight; and of the relationship between eye health and general health.

4. Demonstrating the value of trained medical social workers in eye hospitals and clinics and helping such workers to secure specialized training.

5. Coöperating with educational authorities in:

- (a) Conserving the vision of school and college students.

- (b) Establishing sight-saving classes for children whose vision is so defective that they cannot profitably use ordinary school equipment.

- (c) Providing specialized training for teachers of sight-saving classes.

- (d) Helping student-teachers secure better preparation for meeting the eye health problems of school children.

6. Stressing the value of properly caring for the eyes of preschool children, and demonstrating an approved method of testing their vision in order to discover those who will benefit from early treatment.

7. Furthering the universal use of preventive measures before and at birth to protect babies' eyes from infection.

8. Encouraging adequate prenatal care for every expectant mother, including a blood test and treatment when necessary as the means of preventing blindness from prenatal syphilis.

9. Furnishing information regarding the relationship between the conservation of vision and numerous environmental factors including: quality and intensity of illumination, size and style of type, quality of paper, etc.

10. Stimulating further investigation and study of the causes of blindness and impaired vision.

11. Counselling governmental and voluntary agencies working for the conservation of vision.

12. Serving as a clearing-house on all matters pertaining to the prevention of blindness and the conservation of vision; providing the public with information concerning the care and use of the eyes.

The nature of the Society's work is such that its public usefulness can be materially enhanced by any increase in its resources. There are numerous fields in which it could be of great public benefit, but from which the Society is now precluded, or in which its activity is limited, for lack of sufficient funds.

Inquiries for further information welcomed.

50 West Fiftieth Street, New York.

#### Subject: Nomenclature of disease: Re poliomyelitis.

CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF PUBLIC HEALTH

November 22, 1939.

To the Editor:—For your information, I am attaching hereto a copy of a letter addressed to Dr. W. C. Dickie, Director, State Department of Public Health, regarding reporting of virus diseases.

101 Grove Street.

Sincerely,

J. C. GEIGER, M. D., *Director.*

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CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF PUBLIC HEALTH

November 17, 1939.

My dear Doctor Dickie:

The diagnosis of virus diseases has brought forth a considerable amount of confusion as to clinical entity, with the result that many statistical errors must have been recorded. This is particularly true in respect to the disease acute anterior poliomyelitis. This disease today is not infrequently confused with some type of acute encephalitis and at other times with encephalomyelitis, or with chorio-meningitis. Careful clinicians in this city have at times found it necessary to change the original diagnosis as first reported to the San Francisco Department of Public Health due to subsequent laboratory evidence. For virus disease investigation, several weeks are often needed.

After conference with the San Francisco Department of Public Health Committee on Poliomyelitis, it was agreed that a new policy should be adopted relative to the diagnosis and reporting of virus diseases.

Acute cases showing no muscular weakness or paralysis in the group which might be labeled poliomyelitis, should be tentatively diagnosed acute neurotropic virus disease. These cases should be thoroughly studied, especially re-